K083661

FEB 27 2009

510(k) Summary: AVS® TL PEEK Spacers

Submitter:	Stryker Spine 2 Pearl Court Allendale, New Jersey 07401
Contact Person	Ms. Kimberly Lane Regulatory Affairs Specialist Phone: 201-760-8215 FAX: 201-760-8415 Email: kimberly.lane@stryker.com
Date Prepared	December 9, 2008
Trade Name	Stryker Spine AVS® TL PEEK Spacers
Proposed Class	Class II
Classification Name and Number	Intervertebral body fusion device, 21 CFR 888.3080
Product Code	MAX
Predicate Devices	Stryker Spine AVS® PL PEEK Spacers: K073470 DePuy AcroMed, Inc. Lumbar I/F Cage® with VSP Spine System: P960025.
Device Description	The AVS® TL Peek Spacers are intervertebral body fusion devices intended for use as an aid in spinal fixation. The Stryker Spine AVS® TL PEEK Spacer is a "banana" shaped, hollow frame implant with lateral fenestrations. The spacers incorporate three (3) Tantalum marker pins to aid in radiographic visualization. The Stryker Spine AVS® TL PEEK Spacer is available in a variety of sizes, from 7 mm to 18mm in height, two (2) lengths: 25 mm and 30 mm and one (1) width: 9 mm. There are also 0° parallel and 4° wedge shaped options, which allows the surgeon to best choose the size suited to the patient's anatomy and pathology.

Intended Use	The Stryker Spine AVS® TL PEEK Spacers are intervertebral body fusion devices indicated for use with autogenous bone graft in patients with degenerative disc disease (DDD) at one level or two contiguous levels from L2 to S1. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The DDD patients may also have up to Grade I spondylolisthesis at the involved level(s). These patients should be skeletally mature and have six months of nonoperative therapy. The AVS® TL PEEK Spacers are to be implanted via posterior approach. The AVS® TL PEEK Spacers are intended to be used with supplemental spinal fixation systems that have been cleared for use in the lumbosacral spine (i.e., posterior pedicle screw and rod systems).
Summary of the Technological Characteristics	Testing in compliance with FDA's June 12, 2007 "Class II Special Controls Guidance Document: Intervertebral Body Fusion Device" was performed for the AVS® TL PEEK Spacers and demonstrated substantial equivalent performance characteristics to the identified predicate device systems.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 27 2009

Stryker Corporation
% Stryker Spine
Ms. Kimberly Lane
2 Pearl Court
Allendale, New Jersey 07401

Re: K083661
Trade/Device Name: Stryker Spine AVS® TL PEEK Spacers
Regulation Number: 21 CFR 888.3080
Regulation Name: Intervertebral body fusion device
Regulatory Class: II
Product Code: MAX
Dated: December 9, 2008
Received: December 10, 2008

Dear Ms. Lane:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

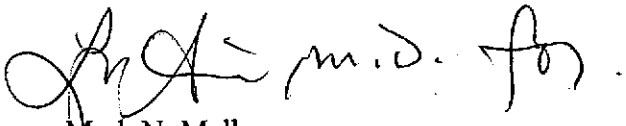
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at (240) 276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at (240) 276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at toll-free number (800) 638-2041 or (240) 276-3150 or the Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,



Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K083661

Device Name: Stryker Spine AVS® TL PEEK Spacers

Indications For Use:

The Stryker Spine AVS® TL PEEK Spacers are intervertebral body fusion devices indicated for use with autogenous bone graft bone in patients with degenerative disc disease (DDD) at one level or two contiguous levels from L2 to S1.

DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The DDD patients may also have up to Grade I spondylolisthesis at the involved level(s). These patients should be skeletally mature and have six months of nonoperative therapy.

The AVS® TL Spacers are to be implanted via posterior approach.

The AVS® TL Spacers are intended to be used with supplemental spinal fixation systems that have been cleared for use in the lumbosacral spine (i.e., posterior pedicle screw and rod systems).

Prescription Use ___X___ AND/OR Over-The-Counter Use _____

(Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of General, Restorative, and Neurological Devices

510(k) Number K083661